



**Enclosed is my gift of amount:**

*Thank you for your support. Please complete the following information. We accept check or credit card. Please do not send cash. We are a non-profit 501 (c) (3) organization.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**My company has a matching gift program.**

Company Name: \_\_\_\_\_

*Check box*

Master Card

**I would like to donate using a Credit Card:** Visa

Amount:

Pleas print your billing information below:

Name: \_\_\_\_\_ CC#: \_\_\_\_\_

Address: \_\_\_\_\_ 3-Digit Security #: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Your contribution is fully fax-deductible.

*Thank you very much*

P.O. Box 414  
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www.invisiblehands.com